

1061

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number in order of birth stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Casa</u>		BUREAU OF VITAL STATISTICS	State Index No. <u>194</u>
District of <u>Miami</u>		ORIGINAL CERTIFICATE OF BIRTH	County Registrar No. <u>110</u>
Town of <u>Miami</u>			Local Registrar No. _____
or <u>Miami</u>			
City of <u>Miami</u>		No. _____	St. _____ Ward _____
2. Full name of child <u>Alexandro Ambroz</u>		(If birth occurred in a hospital or institution, give its NAME instead of street and number)	
3. Sex of Child <u>Male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	6. Legitimate? <u>Yes</u>
5. No., in order of birth _____		7. Date of birth <u>Oct-30-1923</u>	Month Day Year
8. FATHER		14. MOTHER	
Full name <u>Angel Ambroz</u>		Full maiden name <u>Ramona Olivas</u>	
9. Residence (Usual place of abode) <u>Miami Trig</u>		15. Residence (Usual place of abode) <u>Miami Trig</u>	
If nonresident, give place and state _____		If nonresident, give place and state _____	
10. Color or race <u>Mexican</u>	11. Age at last birthday <u>35</u> (Years)	16. Color or race <u>Mexican</u>	17. Age at last birthday <u>35</u> (Years)
12. Birthplace (city or place) <u>Mexico</u>	(State or country)	18. Birthplace (city or place) <u>Clifton</u>	(State or country) <u>Oregon</u>
13. Occupation <u>Miner</u>	Nature of industry	19. Occupation <u>Housewife</u>	Nature of industry
20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)		21. Were precautions taken against ophthalmia neonatorum? <u>Yes</u>	
(a) Born alive and now living <u>4</u>		(b) Born alive but now dead <u>None</u>	
(c) Stillborn <u>None</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of this child, who was _____ at <u>3 1/2</u> m. on the date above stated.			
(Born alive or not born.)			
Signature <u>O. J. Hotel m d</u>			
Address <u>Miami Trig</u>			
Given name added from a supplemental report _____		Filed <u>Oct 31</u> 19 <u>23</u>	
Month, day, year.		Filed <u>11-6</u> 19 <u>23</u>	
Registrar.		Local Registrar.	
		County Registrar.	

112-1030-962